

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES

A. FIRST NOTIFICATION
 B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

If this is not your first notification, enter your installation's first notification of hazardous waste activity or a subsequent notification. Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification.

VIII. FIRST OR SUBSEQUENT NOTIFICATION

A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

A. GENERATION B. TRANSPORTATION (complete item VII)
 C. TREAT/STORE/DISPOSE D. UNDERGROUND INJECTION

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

A. TYPE OF OWNERSHIP (enter the appropriate letter into box)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: H I L L I S B R O S C O F F E E I N C

B. TYPE OF OWNERSHIP: M (M - NON-FEDERAL, F - FEDERAL)

IV. INSTALLATION CONTACT

A. NAME AND TITLE (last, first, & job title): M C C U R D Y K E N N E L H P R O J E C T E N G R 2 0 1 9 4 3 6 3 0 0

B. PHONE NO. (area code & no.):

III. LOCATION OF INSTALLATION

A. STREET OR ROUTE NUMBER: S A M E

B. CITY OR TOWN: S A M E

C. STATE: NJ

D. ZIP CODE: 0 7 0 2 0

II. INSTALLATION MAILING ADDRESS

A. STREET OR P.O. BOX: 3 5 3 5 R I V E R R O A D

B. CITY OR TOWN: E D G E W A T E R

C. STATE: NJ

D. ZIP CODE: 0 7 0 2 0

I. NAME OF INSTALLATION

A. NAME OF INSTALLATION: H I L L I S B R O S C O F F E E I N C

FOR OFFICIAL USE ONLY

A. INSTALLATION'S EPA I.D. NUMBER: NJD001354307

B. DATE RECEIVED: (M, D, Y)

C. APPROVED: (M, D, Y)

COMMENTS

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

PLEASE PLACE LABEL IN THIS SPACE

III. LOCATION OF INSTALLATION

II. MAILING ADDRESS

I. NAME OF INSTALLATION

INSTALLATION'S EPA I.D. NO.

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

DETACH A

DETACH A

CONTINUE ON REVERSE

SIGNATURE

Kenneth W. Curdy

NAME & OFFICIAL TITLE (type or print)

KENNETH MCCURDY

PROJECT ENG.

DATE SIGNED

11/4/85

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

X CERTIFICATION

1. IGNITABLE (D001) 2. CORROSIVE (D002) 3. REACTIVE (D003) 4. TOXIC (D004)

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.24 for each listed hazardous waste from hospitals, veterinary, medical and research laboratories your installation handles. Use additional sheets if necessary.

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.23 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.22 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.21 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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H
NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

EPA
copy

DWM-029

HAZARDOUS WASTE MANAGEMENT FACILITY INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: HILLS BROS. COFFEE Inc
FILE NUMBER: _____
VHT FACILITY FILE NUMBER: _____
PERMIT #: _____
REGION: M
INSPECTION DATE: Aug 24. 88
INCIDENT/CASE NUMBER: _____
INSPECTION TYPE: GEN. TSD
RESPONSIBLE AGENCY CODE: DHWM
INSPECTOR'S NAME: B. CZACHOR
INSPECTOR'S AGENCY: DHWM
INSPECTOR'S BUREAU: BFO-M
EPA ID NUMBER: NJD001354307
ADDRESS: 535 RIVER RD
EDGEWATER, N.J. 07020
LOT: 7 BLOCK: 81
COUNTY: BERGEN
FACILITY PERSONNEL: KAREN CLARK
PERSONNEL MGR
TELEPHONE #: 201-943-6300
OTHER STATE/EPA PERSONNEL: _____
REPORT PREPARED BY: Rocleslaw Czachor
REVIEWED BY: W. Steiling
DATE OF REVIEW: 11/15/88

PHOTOS TAKEN: () YES (X) NO

SAMPLE TAKEN: () YES (X) NO

If yes, how many?

NO. OF SAMPLES: N/A

NJDEP ID #: N/A

MANIFESTS REVIEWED: (X) YES () NO

Number of Manifests in Compliance: 13 for 1988

Number of Manifests Not in Compliance: —

List Manifest Document Numbers of Those Manifests Not in Compliance:

-A1-

SUMMARY OF FINDINGS**FACILITY DESCRIPTION AND OPERATIONS:**

HILLS BROS. COFFEE Inc, located in EDGEWATER, N.J. with the EPA assigned ID# NJD 001354307 is a food processing company. Coffee beans received from various coffee growing countries are dried, roasted and ground for consumer use.

No hazardous substance is involved nor haz. waste is generated in the production process.

The only area where the haz. waste is generated is the maintenance shop, where machine parts are washed with naphtha solvent. There is two wash stations on site, which include the common sink placed over the 35 Gtc steel drum.

Accord. to Ms. KAREN CHARK the spent solvent collection drums are never utilized to their full capacity, due to fact that they are replaced with empty drums on bi-weekly schedule by service company which is SAFETY KLEEN Co. The haz. waste manifests are used for shipment of that waste and all manifests were found in good order.

Although the company was assigned for

SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND OPERATIONS:

TSD-RCA inspection, in fact the company is not setting up a generator of hot. work. Therefore the initial score of compliance ~~is~~ should be reduced to the generator checklist only.

This inspection revealed that is in total non-compliance with the N.Y. AC7:AC-1 et seq except the monitors and good housekeeping on the hot work generation area. As a result of that the following held NOV's were issued to the company during this inspection: 9.4(f)(1), 9.4(f)(1)(i), 9.4(g), 9.4(g)(8), 9.6(f)(1), 9.6(f)(4), 9.7 et seq.

Describe the activities that result in the generation of hazardous waste.

— washing of machine parts with the
naphtha solvent.

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes).

2-35 GAL DRUMS P. NAPHTA - D001
both about 1/2 full

HAZARDOUS WASTE FACILITY STANDARDSYES NO N/A

MANIFESTS

7:26-7.4(a)4	Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient on G-1).	<input checked="" type="checkbox"/>	—	—
7:26-7.4(a)4i	The generator's name, address and phone number.	<input checked="" type="checkbox"/>	—	—
7:26-7.4(a)4ii	The generator's EPA ID number.	<input checked="" type="checkbox"/>	—	—
7:26-7.4(a)4iii	The hauler(s) name, address phone number and NJ registration.	<input checked="" type="checkbox"/>	—	—
7:26-7.4(a)4iv	The hauler(s) EPA ID number.	<input checked="" type="checkbox"/>	—	—
7:26-7.4(a)4v	The name, address and phone number of the designated TSD facility.	<input checked="" type="checkbox"/>	—	—
7:26-7.4(a)4vi	The TSF's EPA ID number.	<input checked="" type="checkbox"/>	—	—
7:26-7.4(a)4v	The name, address and phone number of the designated TSD facility.	<input checked="" type="checkbox"/>	—	—
7:26-7.4(a)4vii	The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?	<input checked="" type="checkbox"/>	—	—
7:26-7.4(a)4viii	Special handling instructions and any other information required on the form to be shipped by generator?	<input checked="" type="checkbox"/>	—	—

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-7.4(3)	Did the generator describe all N.O.S. wastes in Section J?	X	—	—
7:26-7.4(a)ix	When shipping hazardous waste to a waste reuse facility does the generator enter the waste reuse facility I.D. # in the section G of the Uniform Manifest?	X	—	—
7:26-7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:	X	—	—
7:26-7.4(a)5i	Sign the manifest certification by hand?	X	—	—
7:26-7.4(a)5ii	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	X	—	—
7:26-7.4(a)5iii	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	X	—	—
7:26-7.4(a)5iv	Provide the required numbers of copies for: generator, each hauler, owner/operator of the designated facility, as well as one copy returned to the generator by the facility owner/operator?	X	—	—
7:26-7.4(a)5v	Give the remaining copies of the manifest form to the hauler?	X	—	—
7.26-7.4(f)	Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)	X	—	—
7:26-7.4(h)1	Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?	X	—	—
7:26-7.4(h)1	If not: Did the generator contact the hauler and/or the owner or operator of the TSD and the NJDEP at (609) 292-8341 to inform the NJDEP of the situation?	—	—	X
7:26-7.4(h)2	Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?	—	—	X

YES NO N/A

7:26-9.4(b)	Waste Analysis			
7:26-9.4(b)11	Is there a detailed chemical and physical analysis of a representative sample of the waste(s) or each waste? (At a minimum, this analysis must contain all the information necessary for proper treatment storage or disposal of the waste).	—	X	—
7:26-9.4(b)1111	Does the character of the waste handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? Check only one:	—	X	—
	Waste characteristics vary: All waste(s) are basically the same: <input checked="" type="checkbox"/> Company treats all waste(s) as hazardous: <input type="checkbox"/>	—		
7:26-9.4(b)2	Is there a written waste analysis plan at the facility?	—	X	—
	Does it contain:			
7:26-9.4(2)1	Parameters for which each hazardous waste stream will be analyzed including constituents listed in NJAC 7:26-8.16 and the rationale for the selection of these parameters?			
7:26-9.4(b)211	The test methods which will be used to test for these parameters?	—		—
7:26-9.4(b)2111	The sampling method which will be used to obtain a representative sample of the waste to be analyzed?	—		—
7:26-9.4(b)21v	The frequency with which the initial analysis of the waste will be reviewed or repeated to ensure that the analysis is accurate and up-to-date?	—		—
7:26-9.4(b)2v	For off-site facilities, the waste analysis that hazardous waste generators have agreed to supply?	—		—
7:26-9.4(b)2v11	Procedures which will be used to identify changes in waste stream characteristics?	—		—
	Does hazardous waste come to this facility from an outside source? (e.g., another generator).	—		X
	If yes, list the name(s) of generators.			

et seq.

YES NO N/A

- | | | |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 7:26-9.4(b)4 | If waste comes from an outside source, are there procedures in the waste analysis plan to insure that waste received conforms to the accompanying manifest? | — — <input checked="" type="checkbox"/> |
| | Does the plan describe: | |
| 7:26-9.4(b)41 | The procedures which will be used to determine the identity of each shipment of waste managed at the facility? | — — <input checked="" type="checkbox"/> |
| 7:26-9.4(b)411 | The sampling method which will be used to obtain a representative sample of the waste to be identified, if the identification method includes sampling? | — — <input checked="" type="checkbox"/> |
| 7:26-9.4(c)1 | Did the facility accept hazardous waste which it is not authorized to handle? | — — <input checked="" type="checkbox"/> |
| 7:26-9.4(1) | Are all records and results of waste analysis performed pursuant to NJAC 7:26-9.4(b) and 9.4(e) as applicable written in the operating log? | — — <input checked="" type="checkbox"/> |
| 7:26-9.4(h) | <u>Security</u> | |
| | Does the facility have: | |
| 7:26-9.4(h)11 | A 24 hour surveillance system which continuously monitors and controls entry onto the active portion of the facility? | <input checked="" type="checkbox"/> — — |
| 7:26-9.4(h)111 | An artificial or natural barrier, which completely surrounds the active portion of the facility; and a means to control entry, at all times, through the gates or other entrances to the active portion of the facility? | <input checked="" type="checkbox"/> — — |
| 7:26-9.4(h)3 | Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility? | <input checked="" type="checkbox"/> — — |
| | If no, explain what measures are taken for security. | |

YES NO N/A

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4(f)	<u>General Inspection Requirements</u>			
7:26-9.4(f)1	Does the owner or operator inspect the facility for malfunctions and deterioration, operator errors and discharges which may be causing, or may lead to:			
7:26-9.4(f)11	Discharge of hazardous waste constituents to the environment?		<input checked="" type="checkbox"/>	
7:26-9.4(f)111	A threat to human health?		<input checked="" type="checkbox"/>	
7:26-9.4(f)3	Has the owner or operator developed, and does the owner or operator follow a written schedule for inspecting monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment that are utilized for the prevention, detection or response to environmental or human health?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7:26-9.4(f)31	Did the owner or operator submit the written inspection schedule to the department?		<input checked="" type="checkbox"/>	
	If yes, when was it submitted?			<input checked="" type="checkbox"/>
7:26-9.4(f)3111	Is the written inspection schedule kept at the facility?	<input checked="" type="checkbox"/>		
7:26-9.4(f)31v	Does the schedule identify the types of problems to be looked for during the inspection?	<input checked="" type="checkbox"/>		
7:26-9.4(f)3v	Does the schedule include the frequency of inspection, based upon the rate of possible deterioration of the equipment and the probability of an environmental, or human health incident if the deterioration or malfunctions or any operator error goes undetected between inspections?	<input checked="" type="checkbox"/>		
7:26-9.4(f)5	Is there evidence that problems reported in the inspection log have not been remedied?	<input checked="" type="checkbox"/>		
7:26-9.4(f)6	Does the owner/operator record inspections in a log?	<input checked="" type="checkbox"/>		

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4(f)6	Are these records kept for at least three (3) years from the date of inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(f)6	Does the records include the date, and time of the inspection, the name of the inspector, a notation of the observations made, and the date and nature of any repairs or other remedial action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)	<u>Personnel Training</u>			
	Have facility personnel successfully completed a program of classroom instruction or on-the-job training within six months of having been employed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)5	If yes, have facility personnel taken part in an annual review of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there written documentation of the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6i	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6ii	A written job description for each position related to hazardous waste management?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6iii	A written description of the type and amount of both introductory and continuing training given to personnel in jobs related to hazardous waste management?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6iv	Documentation of actual training or experience received by personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES NO N/A

- 7:26-9.4(g)7 Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?
- 7:26-9.4(g)8 Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7:26-9.7?
- 7:26-9.6 Preparedness and Prevention
- Does the facility comply with preparedness and prevention requirements including maintaining:
- 7:26-9.6(b)1 An internal communications or alarm system?
- 7:26-9.6(b)2 A telephone or other device to summon emergency assistance from local authorities?
- 7:26-9.6(b)3 Portable fire equipment, spill control equipment, and decontamination equipment?
- 7:26-9.6(b)4 Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems?
- 7:26-9.6(c) Is equipment tested and maintained?
- 7:26-9.6(d)1 Is there immediate access to communications or alarm systems during handling of hazardous waste?
- 7:26-9.6(e) Adequate aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?
- If no, please explain.

YES NO N/A

In your opinion, do the types of waste on site require all of the above procedures, or are some not required?

X — —

Explain.

7:26-9.6(f)

Has the facility made the following arrangements, as appropriate for the type of waste handled on site?

— — —

7:26-9.6(f)1

Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled?

— X —

7:26-9.6(f)2

Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?

— — X

7:26-9.6(f)3

Agreements with emergency response contractors, and equipment suppliers?

— — X

7:26-9.6(f)4

Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or discharges at the facility?

— X —

7:26-9.6(f)5

Arrangements with local fire departments to inspect the facility on a regular basis with at least two inspections annually?

X — —

7:26-9.7

Contingency Plan and Emergency Procedures

7:26-9.7(a)

Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water?

— X —

YES NO N/A

7:26-9.7(b)

Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?

— | —

7:26-9.7(c)

Does the contingency plan describe the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?

— | —

7:26-9.7(d)

Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 151 or a Discharge Prevention, Containment and Countermeasure (DPCC) Plan in accordance with NJAC 7:1E-4.1 et seq.?

— | —

If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?

— | —

7:26-9.7(e)

Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and state and local emergency response teams to coordinate emergency services?

— | —

7:26-9.7(f)

Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up-to-date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall assume responsibility as alternates?

— | —

YES NO N/A

7:26-9.7(g)

Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required? Is the list kept up-to-date? In addition, does the plan include the location and a physical description of each item on the list, and a brief outline of its capabilities?

— + —

7:26-9.7(h)

Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in cases where the primary routes could be blocked by releases of hazardous waste or fires)?

— + —

7:26-9.7(i)

Is a copy of the contingency plan and all revisions to the plan:

1. Maintained at the facility; and
2. Has the contingency plan been submitted to local authorities (police, fire departments, emergency response teams)?

— + —

7:26-9.7(k)

Is there at least one employee on site or on call with the responsibility of coordinating all emergency response measures?

— + —

7:26-9.8

Closure Plan

7:26-9.8(c)

Does the facility have a written closure plan?

— X —

Does the owner/operator keep a written copy of the closure plan and all revisions to the plan at the facility?

— + —

If yes, does the plan include:

YES NO N/A

7:26-9.8(e)11	A description of how and when the facility will be partially closed (if applicable) and ultimately closed?	---	---	---
7:26-9.8(e)11f	The maximum extent of the operation which will be open during the life of the facility?	---	---	---
7:26-9.8(e)2	An estimate of the maximum inventory of wastes in storage or in treatment at any given time during the life of the facility?	---	---	---
7:26-9.8(e)3	A description of the steps needed to decontamination facility equipment during closure?	---	---	---
7:26-9.8(e)4	A schedule for final closure including the anticipated date when the wastes will no longer be received, the date when completion of final closure is anticipated, and intervening milestone dates which will allow tracking of the progress of closure?	---	---	---
	<u>Post Closure Plan</u> N/A			
7:26-9.9(g)	Does the facility have a written post-closure plan kept at the facility?	---	---	---
	If yes, does the plan:			
7:26-9.9(1)	Identify the activities which will be carried on after closure and the frequency of these activities?	---	---	---
7:26-9.9(1)1	Include a description of the planned ground water monitoring activities and frequencies at which they will be performed?	---	---	---
7:26-9.9(1)2	Include a description of the planned maintenance activities, and frequency at which they will be performed, to insure the following:	---	---	---
7:26-9.9(1)21	The integrity of the cap and final cover or other containment structures where applicable?	---	---	---
7:26-9.9(1)211	Describe the function of the facility monitoring equipment?	---	---	---

YES NO N/A

7:26-9.9(1)3

Include the name, address and phone number of a person or office to contact about the disposal facility during the post-closure period?

— — —

Does the owner/operator have a written estimate of the cost of post-closure for the facility?

— — —

If yes, what is it?

Please circle all appropriate activities and answer questions in appropriate sections all activities circled.

<u>Storage</u>	Treatment <i>No</i>	Disposal <i>No</i>
<u>Container</u>	Tank	Landfill
Tank, Above Ground	Surface Impoundments	
Tank, Below Ground	Incineration	Surface Impoundments
Surface Impoundments	Thermal Treatment	Other _____
Waste Piles		
Other _____	Chemical, Physical and Biological Treatment	
Other _____		

7:26-9.4(d)

Containers

What type of containers are used for storage? Describe the size, type, quantity and nature of wastes (e.g., 12 fifty-five gallon drums of waste acetone).

2-35 GAL steel drums in accumulation process

7:26-9.4(d)11

Do the containers appear to be of sturdy leakproof construction of adequate wall thickness, weld, hinge and seam strength, and of sufficient material strength to withstand side and bottom shock, while filled, without impairment of the container's ability to contain hazardous waste?

X — —

If no, explain.

YES NO N/A

- 7:26-9.4(d)111 Are the lids, caps, hinges or other closure devices of sufficient strength that when closed, they will withstand dropping, overturning or other shock without impairment of the container's ability to contain hazardous waste? X — —
- If no, explain.
- 7:26-9.4(d)2 Do the containers appear to be in good condition, not in danger of leaking? X — —
- 7:26-9.4(d)2 If not, please describe the type, condition and number of leaking or corroded containers. Be detailed and specific.
- 7:26-9.4(d)3 Are hazardous wastes stored in containers made of compatible materials? X — —
- 7:26-9.4(d)41 Are all containers securely closed, except those in use, so that there is no escape of hazardous waste or its vapors? X — —
- If no, explain.
- 7:26-9.4(d)4111 Do containers appear to be properly opened, handled or stored in a manner which will minimize the risk of the container rupturing or leaking? X — —
- If no, explain.
- 7:26-9.4(d)1v Are containerized hazardous wastes segregated in storage by waste type? X — —
- 7:26-9.4(d)v Are containerized hazardous wastes arranged so that their identification label is visible? — — X
- 7:26-9.4(d)5 Does the owner/operator inspect the container storage area at least daily, looking for leaks and for deterioration caused by corrosion or other factors? — — X
- 7:26-9.4(d)6 Are containers holding ignitable and reactive waste located at least 50 feet (15 meters) away from the facility's property line? X — —

YES NO N/A

- 7:26-9.4(d)71 Are incompatible wastes, or incompatible wastes and materials placed in the same container? _ X _

If yes, explain.
- 7:26-9.4(d)711 Are hazardous wastes placed in unwashed containers that previously held incompatible wastes? _ X _

If yes, explain.
- 7:26-9.4(d)7111 Are containers holding hazardous waste that are incompatible with any waste or other materials stored nearby in other containers, open tanks, or surface impoundments separated from the other materials or protected from them by means of a dike, berm, wall or other device? _ ✓ _
- 7:26-9.4(e)11 Are ignitable, reactive or incompatible wastes protected from sources of ignition or reaction? _ _ X

If no, explain.
- 7:26-9.4(e)111 Does the owner/operator confine smoking and open flames to specially designated locations when ignitable or reactive wastes are being handled? X _ _

If no, explain.
- 7:26-9.4(e)1111 Does the owner/operator conspicuously place "No Smoking" signs whenever there is a hazard from ignitable or reactive waste? X _ _

If the treatment, storage or disposal of ignitable or reactive waste, and the mixture of incompatible wastes and materials, conducted so that it does not:
- 7:26-9.4(e)21 Generate extreme heat or pressure, fire or explosion, or violent reaction? _ _ _
- 7:26-9.4(e)211 Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health. _ _ +

YES NO N/A

- 7:26-9.4(e)2i11 Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion? — — /
- 7:26-9.4(e)2iv Damage the structural integrity of the device or facility containing the waste? — — /
- 7:26-9.4(e)2v Threaten human health or the environment? — — /

7:26-11.2

Tanks

What are the approximate number and size of tanks containing hazardous waste?

— — —

Identify the waste treated/stored in each tank.

General Operating Requirements

7:26-11.2(a)2

Are hazardous wastes or treatment reagents placed in the tank that could cause the tank or its inner liner to rupture, leak or corrode?

— — —

If yes, please explain.

Are there leaking tanks?

— — —

7:26-11.2(a)2

Are all hazardous wastes or treatment reagents being placed in tanks compatible with the tank material so that there is no danger of ruptures, corrosion, leaks or other failures?

— — —

7:26-11.2(3)

Do uncovered tanks have at least two feet of freeboard or an adequate containment structure?

— — —

7:26-11.2(a)4

If waste is continuously fed into a tank, is the tank equipped with a means to stop the inflow from the tank, e.g., bypass system to a standby tank?

— — —

7:26-11.2(c)

Inspections

Is the tank(s) inspected for:

1. Discharge control equipment (each operating day).

— — —

RCRA LAND DISPOSAL RESTRICTION INSPECTION

Facility: HILLS BROS COFFEE Trme.

U.S. EPA I.D. No.: NJ D001354307

Street: 535 RIVER RD

City: EDGEWATER State: N.J. Zip Code: 07020

Telephone: 943-6300

Operator: SAME

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Owner: SAME

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Inspection Date: 8/24/88 Time: 14:00 Weather Conditions: clear

	<u>Name</u>	<u>Affiliation</u>	<u>Telephone</u>
Inspectors:	<u>BOLES LAW CRATOR</u>	<u>NJ DEP</u>	<u>669-3960</u>

Facility Representatives: KAREN CLARK - PERSONNEL MGR

	<u>RCRA Status</u>	<u>F-Solvent</u>	<u>LDR Status</u> <u>California List</u>
Generator	<u>X</u>	<u>N/A</u>	<u>N/A</u>
Transporter	<u>—</u>	<u>—</u>	<u>—</u>
Treater	<u>—</u>	<u>—</u>	<u>—</u>
Storer	<u>—</u>	<u>—</u>	<u>—</u>
Disposer	<u>—</u>	<u>—</u>	<u>—</u>

INSPECTION SUMMARY

The company does not generate
the level ban restricted solvent. The
solvent they use in cleaning operations
is a naphth-petroleum product.
Therefore the level ban check list
in this case is not applicable.

RCRA LAND DISPOSAL RESTRICTION INSPECTION

APPLICABILITY CHECKLIST

N/A

Does the facility handle the following wastes?

		Gen.	Treat	Store	Disp.	Trans.
A.	<u>F-Solvent Wastes</u>					
1.	F001	_____	_____	_____	_____	_____
2.	F002	_____	_____	_____	_____	_____
3.	F003	_____	_____	_____	_____	_____
4.	F004	_____	_____	_____	_____	_____
5.	F005	_____	_____	_____	_____	_____

Note: Use Appendix A to determine whether the facility is misclassifying any of its wastes.

B. California List Wastes N/A

1. Liquid hazardous waste (including free liquids associated with any solid or sludge) that contains the following metals at concentrations greater than or equal to those specified

		Gen.	Treat	Store	Disp.	Trans.
Arsenic	500 mg/L	_____	_____	_____	_____	_____
Cadmium	100 mg/L	_____	_____	_____	_____	_____
Chromium VI	500 mg/L	_____	_____	_____	_____	_____
Lead	500 mg/L	_____	_____	_____	_____	_____
Mercury	20 mg/L	_____	_____	_____	_____	_____
Nickel	134 mg/L	_____	_____	_____	_____	_____
Selenium	100 mg/L	_____	_____	_____	_____	_____
Thallium	130 mg/L	_____	_____	_____	_____	_____

- | | | | | | | | | | | | | |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|--------|-------|--------|-------|-------|-------|-------|-------|--|
| 2. | Liquid hazardous waste (including free liquids associated with any solid or sludge) that contains free cyanides at concentrations greater than or equal to 1,000 mg/L | N/A | | | | | | | | | | |
| | <table border="0"> <tr> <td style="padding-right: 20px;">Gen.</td> <td style="padding-right: 20px;">Treat</td> <td style="padding-right: 20px;">Store</td> <td style="padding-right: 20px;">Disp.</td> <td>Trans.</td> </tr> <tr> <td style="text-align: center;">_____</td> </tr> </table> | Gen. | Treat | Store | Disp. | Trans. | _____ | _____ | _____ | _____ | _____ | |
| Gen. | Treat | Store | Disp. | Trans. | | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | | | | | | | | |
| 3. | Liquid hazardous waste that has a pH of less than or equal to 2.0 | N/A | | | | | | | | | | |
| | <table border="0"> <tr> <td style="padding-right: 20px;">Gen.</td> <td style="padding-right: 20px;">Treat</td> <td style="padding-right: 20px;">Store</td> <td style="padding-right: 20px;">Disp.</td> <td>Trans.</td> </tr> <tr> <td style="text-align: center;">_____</td> </tr> </table> | Gen. | Treat | Store | Disp. | Trans. | _____ | _____ | _____ | _____ | _____ | |
| Gen. | Treat | Store | Disp. | Trans. | | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | | | | | | | | |
| 4. | Liquid hazardous waste that contains PCBs at concentrations greater than or equal to | | | | | | | | | | | |
| | 50 ppm _____ | N/A | | | | | | | | | | |
| | 500 ppm _____ | | | | | | | | | | | |
| | <table border="0"> <tr> <td style="padding-right: 20px;">Gen.</td> <td style="padding-right: 20px;">Treat</td> <td style="padding-right: 20px;">Store</td> <td style="padding-right: 20px;">Disp.</td> <td>Trans.</td> </tr> <tr> <td style="text-align: center;">_____</td> </tr> </table> | Gen. | Treat | Store | Disp. | Trans. | _____ | _____ | _____ | _____ | _____ | |
| Gen. | Treat | Store | Disp. | Trans. | | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | | | | | | | | |

Does the facility mix liquid hazardous waste that contains PCBs with other types of wastes?

Yes No NA

If yes, state reasons for mixing:

N/A

5. Liquid hazardous waste that is primarily water and that contains HOCs greater than or equal to 1,000 mg/L (dilute HOC wastewater) and less than 10,000 mg/L

N/A

Note: The prohibitions of 268.32(a)(3) and (e) do not apply if the HOC waste is also subject to the solvent restrictions of 268 Subpart C or a specific HOC.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT

5th Fl., 401 E. State St., Trenton, N.J. 08625

2 BARCOCK PL. W. ORANGE, N.J. 07052
NOTICE OF VIOLATION

1 of 3

ID NO. NJ0001354307 DATE 08/24/88
NAME OF FACILITY HILLS BROS COFFEE Inc.
LOCATION OF FACILITY 535 RIVER RD, EDGEWATER, N.J. 07020
NAME OF OPERATOR KAREN CLARK - PERSONNEL ASSISTANT

You are hereby NOTIFIED that during my inspection of your facility on the above date, the following violation(s) of the Solid Waste Management Act, (N.J.S.A. 13:1E-1 et seq.) and Regulations (N.J.A.C. 7:26-1 et seq.) promulgated thereunder and/or the Spill Compensation and Control Act, (N.J.S.A. 58:10-23.11 et seq.) and Regulations (N.J.A.C. 7:1E-1 et seq.) promulgated thereunder were observed. These violation(s) have been recorded as part of the permanent enforcement history of your facility.

DESCRIPTION OF VIOLATION NJAC. 7:26-9.4(b)1i - no waste analysis of a representative sample.
NJAC. 7:26-9.4(b)2 - there is no waste analysis plan at the facility.
NJAC. 7:26-9.4(f)1i - failing to inspect the facility for discharge of hazardous waste.
NJAC. 7:26-9.4(f)1ii - failing to inspect the facility a threat to human health.

Remedial action to correct these violations must be initiated immediately and be completed by

Sep. 12. 88. Within fifteen (15) days of receipt of this Notice of Violation, you shall submit in writing, to the investigator issuing this notice at the above address, the corrective measures you have taken to attain compliance. The issuance of this document serves as notice to you that a violation has occurred and does not preclude the State of New Jersey, or any of its agencies from initiating further administrative or legal action, or from assessing penalties, with respect to this or other violations. Violations of these regulations are punishable by penalties of \$25,000 per violation.

Bolton Archer
Investigator, Division of Waste Management
Department of Environmental Protection

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT

~~5th Fl., 401 E. State St., Trenton, N.J. 08625~~

2 Babcock Pl. W. ORANGE, N.J. 07052
NOTICE OF VIOLATION

ID NO. D0001354307 DATE 08/24/88
NAME OF FACILITY Hills Bros Coffee Inc
LOCATION OF FACILITY 535 River Rd, EDGEWATER, N.J. 07020
NAME OF OPERATOR KAREN CLARK, - PERS. ASSIST.

You are hereby NOTIFIED that during my inspection of your facility on the above date, the following violation(s) of the Solid Waste Management Act, (N.J.S.A. 13:1E-1 et seq.) and Regulations (N.J.A.C. 7:26-1 et seq.) promulgated thereunder and/or the Spill Compensation and Control Act, (N.J.S.A. 58:10-23.11 et seq.) and Regulations (N.J.A.C. 7:1E-1 et seq.) promulgated thereunder were observed. These violation(s) have been recorded as part of the permanent enforcement history of your facility.

DESCRIPTION OF VIOLATION NJ A.C. 7:26-9.4(g) 6i, 6ii, 6iii -
no job title, written description of each
position and description of type and amount
of training.
N.J.A.C. 7:26-9.4(g) 8 - no emergency drills conducted
NJ A.C. 7:26-9.6(g) - failing to join/organize local
F.D, P.D and emergency response teams

Remedial action to correct these violations must be initiated immediately and be completed by Sep. 12. 88. Within fifteen (15) days of receipt of this Notice of Violation, you shall submit in writing, to the investigator issuing this notice at the above address, the corrective measures you have taken to attain compliance. The issuance of this document serves as notice to you that a violation has occurred and does not preclude the State of New Jersey, or any of its agencies from initiating further administrative or legal action, or from assessing penalties, with respect to this or other violations. Violations of these regulations are punishable by penalties of \$25,000 per violation.

Robert Luchow
Investigator, Division of Waste Management
Department of Environmental Protection

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT

3.13

~~5th Fl., 401 E. State St., Trenton, N.J. 08625~~
2 BARBOCK PL. W. ORANGE, N.J. 07052
NOTICE OF VIOLATION

ID NO. NJ 001354307 DATE Aug. 24. 88
NAME OF FACILITY Hills Bros. Coffee Inc
LOCATION OF FACILITY 535 RIVER RD, EDGEWATER, N.J. 07020
NAME OF OPERATOR KAREN CLARK - PERSONNEL ASSIST.

You are hereby NOTIFIED that during my inspection of your facility on the above date, the following violation(s) of the Solid Waste Management Act, (N.J.S.A. 13:1E-1 et seq.) and Regulations (N.J.A.C. 7:26-1 et seq.) promulgated thereunder and/or the Spill Compensation and Control Act, (N.J.S.A. 58:10-23.11 et seq.) and Regulations (N.J.A.C. 7:1E-1 et seq.) promulgated thereunder were observed. These violation(s) have been recorded as part of the permanent enforcement history of your facility.

DESCRIPTION OF VIOLATION NJAC 7:26-9.6(d) 4 - failing to familiarize local hospital
NJAC 7:26-9.7 et seq - no contingency plan at the facility.
NJAC 7:26-9.8 - no closure plan at the facility.

Remedial action to correct these violations must be initiated immediately and be completed by

Sept. 12. 88. Within fifteen (15) days of receipt of this Notice of Violation, you shall submit in writing, to the investigator issuing this notice at the above address, the corrective measures you have taken to attain compliance. The issuance of this document serves as notice to you that a violation has occurred and does not preclude the State of New Jersey, or any of its agencies from initiating further administrative or legal action, or from assessing penalties, with respect to this or other violations. Violations of these regulations are punishable by penalties of \$25,000 per violation.

Robert Cochran
Investigator, Division of Waste Management
Department of Environmental Protection

MEMO

NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION

TO FILE THROUGH JEFFREY STARKING DATE Sep. 16. 88

FROM BOEISLAN CANTOR

SUBJECT HILLS BROS. COFFEE INC. N.J. D001354307,

RERA Follow up

According to the letter dated 09/09/88 and

submitted by the company in response to my RERA inspection of 08/24/88, it appears that the Hills Bros. Coffee Inc. denies to comply with the requirements of the N.J.A.C. 7:26-1 et seq, those regarding TSD and those regarding generator status also. The company contention is

that, since all hrs. work management operations are taken by Safety Kleen Co., they are not required to comply with N.J. Haz. Waste Regulations.

In my opinion the company position is wrong and the H.B.C. Inc is a subject to N.J.A.C. 7:26-1 et seq those regarding generator status. Therefore the enforcement action should be pursued to the full extent of regulations until the compliance status by the H.B.C. Inc is achieved.

Let's protect our earth



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT

John J. Trela, Ph.D., Acting Director
2 Babcock Place
West Orange, N.J. 07052
201 - 669 - 3960

November 14, 1988

Mr. Richard Keller, Personnel Manager
Hills Bros. Coffee Inc.
535 River Rd.
Edgewater, N.J. 07020

Dear Mr. Keller:

This is a reply to your letter dated 09/09/88, and written in response to my RCRA inspection conducted at Hills Bros. Coffee Inc. facility on 08/24/88.

Be advised that your facility status is a generator of hazardous waste only and your EPA ID number is NJD001354307. Inadvertently the TSDF status was applied to the facility during the inspection and it should be noticed that some citation of the NJAC 7:26-1, et seq. are in your case not applicable.

Here by this letter the following violations are rescinded: NJAC 7:26-9.4(b)1i, NJAC 7:26-9.4(b)2, NJAC 7:26-9.4(f)1i, NJAC 7:26-9.4(f)1ii, and NJAC 7:26-9.8, as applicable to the TSDF.

The remaining violations are upheld and are referred for further processing and enforcement as per NJAC 7:26-9.3(a) et seq.

If you need more information please call me at (201) 669-3960.

Sincerely,

Boleslaw Czachor

BC:hc